



## INLAND EMPIRE HEALTH PLAN

This policy has been developed through review of medical literature, consideration of medical necessity, generally accepted medical practice standards, and approved by the IEHP Pharmacy and Therapeutic Subcommittee.

**Drug:** Atacand (candesartan), Avapro (irbesartan), Benicar (olmesartan), Cozaar (losartan), Diovan (valsartan), Edarbi (azilsartan), Micardis (telmisartan), Teveten (eprosartan)

**Class:** Angiotensin Receptor Blockers (ARB)

**Formulary medication(s):**

- Medi-Cal/HF/HK: Cozaar (losartan) *\*non-formulary preferred ARB\**
- Medicare: Cozaar (losartan)

**Effective Date:** August 2011

**Policy/Criteria:**

Medi-Cal/HF/HK:

1. Failure or intolerant to formulary ACE inhibitors
2. Cozaar (losartan) is our preferred non-formulary ARB
3. Diovan (valsartan) is available and preferred after failure of Cozaar (losartan)

Medicare Part D:

1. Must fail one ACE inhibitor as first line therapy or is contraindicated to ACEI
2. Preferred ARB: Diovan, Diovan HCT is the preferred ARB after Cozaar (losartan)

**Clinical justification:**

1. Cochrane review conducted by Heran et al. (2008) found that there are no clinically meaningful BP lowering differences between available ARBs. The BP lowering effect of ARBs is modest and similar to ACE inhibitors as a class; the magnitude of average trough BP lowering for ARBs at maximum recommended doses and above is -8/-5 mmHg. Furthermore, 60 to 70% of this trough BP lowering effect occurs with recommended starting doses. The review did not provide a good estimate of the incidence of harms associated with ARBs because of the short duration of the trials and the lack of reporting of adverse effects in many of the trials.
2. According to The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure, all ARBs are considered to have equal efficacy.

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